

State of Utah

Department of Environmental Quality Division of Air Quality ATLAS Section 195 North 1950 West, 4th Floor P.O. Box 144820 Salt Lake City, Utah 84114-4820

asbestos@utah.gov

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Postmark Date: Check #/Credit Card Amount: _							

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Original Updated Cancellation	Important: The t	raining prograr sbestos Prograr	n manager n. This forn	may complete tl n must be subm	his sample forr itted to the DA	n or simi .Q ten wo	ilar form when i orking days pric	notifying tl or to the fir	he Utah Divisior st day of the cou	ı of Air ırse.
Discipline Worker Supervisor Choose one Presented: English Spanish Other	A. Type of Notification (Choose one)			☐ Original	□ Updated	□ Can	cellation]		
Supervisor Supervisor Refresher Refresher Suntanguage Spanish Other	B. Description	of Training								
Planner Project Designer Pro	(Choose one) Supervi		isor Refresher				Presented:			
Month/Day/Year		Planner								
am pm am a			Start Time				End Time			
Principal Instructor: Training Location Name (if applicable): Address: City State Email: C: Training Program Name: Address: City State Zip Code Telephone Number: Email: D. Training Managers Information (Please note that this form is incomplete without a signature) I hereby attest and affirm that the information included on this form is true and accurate to the best of my belief and knowledge. I acknowledge that any approval authorized pursuant to this notification will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the approval.	Month/Day/	Year		□am	□pm			□am	□pm	
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Name: Date:	I hereby attest an acknowledge that	nd affirm that th t any approval a	ne informat authorized	ion included on pursuant to this	this form is transition w	ue and ac ill be sub	ccurate to the boject to revocation	est of my b		
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